

Need Help?

[Home](#) [New BEAR Form](#) [Track Form](#) [Bulk Download](#) [Terms and Conditions](#) [Deadline Extension](#) [Logout](#)

## View BEAR Invoice

 **PRINTABLE PAGE**

**Invoice ID: 2158349**  
**Created on 3/13/2015 2:40 PM**  
**Last updated on 3/13/2015 2:40 PM**

**Applicant Form Identifier** 14\_7-12 FRN 2628343

### Block 1: Header Information

[Need Help?](#)

<b>1. Billed Entity Name</b> TREVOR DAY SCHOOL	<b>2. Billed Entity Number</b> 10253	<b>3. Service Provider Identification Number (SPIN)</b> 143020549
---	---	--

**Applicant FCC Form 498 ID**

<b>4. Contact Name</b>	RICHARD SENTURIA
<b>5. Contact Telephone Phone</b>	( 314 ) 282-3676
<b>Contact Fax</b>	( 314 ) 395-5882
<b>Contact Email</b>	erp@erateprogram.com

**6. Total Reimbursement Amount**  
**(total from Block 2, Column 14)**  
\$ 1000.14

### Block 2: Line Item Information Per Funding Request Number

[Need Help?](#)

7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 966279	2628343		7/1/2014		\$ 416.72	40	\$ 166.69	AWAITING CERTIFICATION
2) 966279	2628343		8/1/2014		\$ 416.72	40	\$ 166.69	AWAITING CERTIFICATION
3) 966279	2628343		9/1/2014		\$ 416.72	40	\$ 166.69	AWAITING CERTIFICATION
4) 966279	2628343		10/1/2014		\$ 416.72	40	\$ 166.69	AWAITING CERTIFICATION
5) 966279	2628343		11/1/2014		\$ 416.72	40	\$ 166.69	AWAITING CERTIFICATION
6) 966279	2628343		12/1/2014		\$ 416.72	40	\$ 166.69	AWAITING CERTIFICATION

**Block 3: Billed Entity Certification**[Need Help?](#)**Contact Information for Billed Entity Authorized Person:**

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

**Submission Date** 3/13/2015

**17. Name** RICHARD SENTURIA  
**18. Title/Position** CONSULTANT  
**20. Address 1** 9666 OLIVE BLVD  
**Address 2** SUITE 215  
**City** OLIVETTE  
**State** MO  
**Zip Code** 63132 -

**19. Phone Number** ( 314 ) 282-3676  
**19a. Fax Number** ( 314 ) 395-5882  
**19b. Email** erp@erateprogram.com  
**19c. Name of Authorized Person's Employer** eRate Program, LLC

OMB Number 3060 - 0856 Form 472

---

[SLD Home](#) | [Contact Us](#)

Client Service Bureau: 1-888-203-8100

© 1997 - 2018, Universal Service Administrative Company. All Rights Reserved.